

SAN DIEGO COUNTY JUVENILE JUSTICE COMMISSION
POLINSKY CHILDREN'S CENTER
INSPECTION REPORT
2009

Facility Name: POLINSKY CHILDREN'S
CENTER (PCC)

Inspection date: 11-06-2009
Last Inspection Date: 07-01-09

Superintendent: Cathi Palatella, Asst. Deputy Dir.
Address: 9400 Ruffin Court
San Diego, CA 92154

Telephone Number: (858) 514-4601
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Type of Facility: Shelter Care

Presiding Juvenile Court Judge:
Honorable Susan Huguenor

Staff Interviewed:

Tuan Pham, Manager, PCC Administration
Adrian Camacho, RCW, Recreation/Training Coordinator
Nancy Graff, M.D., PCC Clinic Medical Director
My Tran, PSS, Duty Officer/Staffing Coordinator
Kelly Samuel, RCS, Quality Assurance/Safety/
Licensing Coordinator
Peggy Onstott, Utilization Review Quality
Improvement Specialist, Day Rehab Program

Commission Inspection Team:

Miguel Blanco
Amy Lansing

Juvenile Justice Commission Chair:

Jessica St. Clair

Recommendations

The Polinsky Children's Center (PCC) is child-centered, with a structural design that is non-institutional, warm, inviting, cheerful and well maintained. The following concerns were discussed with the staff:

The inspection team recommends that the following recommendation from 2008 remain a priority:

1. Continue efforts, including collaborating with Probation, Health & Human Services Behavior Health System to identify effective strategies in working with the "change-of-placement" youth.

Comments

Critical Incident Reports were reviewed for appropriateness of response and documentation prior to the completion of this inspection report.

PCC staff should be commended for instituting policy to divert children within the first 23 hours who have an alternative placement.

PCC provides an excellent family-type environment that is quite well suited for younger children and accommodates pregnant teens/new mothers in an exceptional manner. PCC is, however, faced with the challenge of supervising older youth who attempt or successfully complete AWOLs, given that PCC is not a locked placement. After reviewing PCC's responses to such incidences and their policies (e.g., contacting agencies, SDPD, Social Services etc. within the hour), PCC appears to balance the competing mandates to supervise youth yet not restrain them. However, as the critical incident reports reflect, youth are at risk for victimization and substance and alcohol use during their time off of PCC property. We hope that policies will be identified in the future to reduce these situations, although we acknowledge that there are no clear or immediate solutions.

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PCC administrative staff note that, although the recent budget cuts have not had substantive direct consequences for the facility, there is an ongoing review through Business Process Reengineering to determine if changes in the model of mental health service delivery are needed to reduce duplication and identify any potential gaps. The Juvenile Justice Commission would like to take this opportunity to highlight the vital role and importance of these services to the well being of youth at PCC. The need for mental health services for youth serviced by PCC can not be overstated.

Since the last Inspection

Number of Suicides: 0

Number of Attempted Suicides: 0 Suicide Attempt / 4 self-harming incidents

Number of Deaths from other causes: 0

*Number of AWOLs: 193 unduplicated

*Number of Attempted AWOLs: 20 unduplicated

***Note:** PCC is not a "locked" facility. Residents are encouraged not to leave, but physical means are rarely used to prevent a minor from leaving the facility.

Local Inspections:

Community Care Licensing:	April 13, 2009
Fire Marshal:	July 31, 2009
Department of Environmental Health:	September 15, 2008

Other Inspections: None

Date of Last Fire Drill: October 15, 2009

There is a facility-wide drill held at a minimum of twice yearly.

Facility Background

Polinsky Children's Center (PCC) is operated by San Diego County Health and Human Services Agency, and became licensed as a group home on July 31, 2001. Dedicated in 1994, it replaced the Hillcrest Receiving Home. The current facility was built through the efforts of a public-private partnership between the (previously called) Child Abuse Prevention Foundation and the County of San Diego. PCC continues to receive support through public and private partnerships and individuals in the community.

PCC offers Emergency Shelter Care for children, ranging in age from newborns to 18 years, who fall within the provisions of Section 300 of the Welfare and Institutions Code. However, not all youth brought to PCC are dependents. Some will be released without court involvement and will not become dependents. Only a small percentage of children receiving services from the Child Welfare Services (CWS) system are placed at PCC. CWS Protective Services Workers (PSWs) use PCC as a last resort and a safety net when no other appropriate placement can be found. Some children who reside at PCC never enter the CWS system, while others may return to PCC several times as change-of-placement entries if a placement is not suitable. A total of 2,999 children were admitted to PCC, of which 360 were 23-Hour Assessment Center admissions that were placed outside of PCC.

Of the 2,639 children admitted to PCC during FY 08-09, 325 (12%) were coded with the reason for admission as abuse related, 776 (29%) were coded as neglect related, and the remaining 1556 (59%)

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were coded as change-of-placement/AWOL. Of the 2,666 children released from PCC in FY 08-09 (some of these youth represent admissions from the prior year); 527 (20%) were coded as being placed in a foster home, 380 (14%) were coded as being placed in a group home, 663 (24%) were coded as being released to a family member or other type of release, and 1096 (41%) were coded as AWOL.

PCC is open 24 hours a day, seven days a week. Children are usually brought to PCC by CWS social workers or law enforcement officers. The children are evenly distributed by gender and reflect a wide range of ethnic backgrounds.

A 23-Hour Assessment Center (opened on September 25, 2006) allows social workers to place children with a relative, foster parent or released without filing a petition in the Juvenile Court if an appropriate guardian is available, as soon as possible within 23 hours as an alternative to admission to PCC.

Resident/Staff Composition and Communication: In FY 08-09, PCC workforce diversity was: 75% female/25% male; 29% White; 23% African-American; 32% Hispanic; 14% Asian; .5% American Indian; and 1.5% Native Hawaiian. The ethnic diversity of residents was 30% White; 31% African-American and 34% Hispanic. Most residents speak English, with some Spanish or American Sign Language speakers on occasion. Spanish speaking staff are available and ASL, as well as any other language, services are provided through several contracts. All staff receive training through college and on-site classes in age-appropriate communication skills. During the visit, staff/child interaction was observed. The interaction observed was appropriate, and interaction with staff in general was positive. Staff seemed upbeat and willing to talk about their work and PCC. Interviewed staff names and titles are listed on page 1 of this report.

General Facility Condition

The exterior and interior of PCC appeared to be in very good condition. Lighting was adequate, although no evening inspection was done. A new Bose sound system was donated and installed so music can be transmitted throughout the grounds, which provides a sense of tranquility. The outdoor condition of the facility was clean, neat, bright, and safe. There are several outdoor playing areas with modern equipment. Sand and soft paving materials were used in the toddler playing area. There was grass and trees in the common area between the cottages and the other facilities. While PCC is an open facility, new curved iron bars and a powder-coated perforated metal and mesh screen were recently added to the fences to make it more difficult for youth to climb over thus deterring AWOLs.

Efforts have been made to decorate the cottages and outdoor areas in a non-institutional manner. The walls are painted with child-friendly murals, pictures, child-appropriate furniture and toys. This is also true for the medical facility, which is bright and pleasant.

When asked about the ventilation system that has been noted in the past several reports, staff noted the ventilation system upgrade continues to occur on a long-range plan. Several upgrades have been completed, and more upgrades will be completed as the County implements facility maintenance projects each fiscal year, prioritized by acuity and available funding.

Sleeping Accommodations: Six home-like residences are currently part of the PCC Center. Each self-contained cottage, which is 5,869 square feet, includes 13 separate bedrooms, a day room, dining room, kitchen, and outdoor barbeque area. Youth are assigned to a cottage based on age, maturity, sex, and individual treatment needs. There is also a Serenity nursery for birth to two year olds and accommodations for teenage mothers to stay with their new babies. Personal possessions are allowed in the sleeping areas.

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In addition to a library, each cottage includes a study area. There are also computers available in one of the recreational rooms.

Storage: Cleaning products are maintained by the janitorial contractor in the janitorial services office, located in the kitchen/laundry area. The kitchen and laundry area maintain cleaning supplies as appropriate for the needs of the area, and these areas are not accessible to residents. The kitchen knives are maintained in the kitchen area behind locked doors, which are not accessible to residents. PCC does not have any weapons.

Training, Personnel, and Management

Child Supervision and Staffing Levels: FY 08-09 budget for PCC included 260 full-time-equivalent positions. The staff-to-child ratio varies by age group and complies with AB 1197 and Community Care Licensing requirements. The ratio of staff-to-children for children under age six ("Babies and Toddlers") remains the same 24-hours per day and these cottages are staffed at a 1:3 ratio. The staff-to-child ratio for children over age six varies, depending on acuity of supervision needed for individual child needs as well as the number and type of children at the facility, and the staffing needs of any particular shift. The overall staffing ratio for Latency (6-9 years old), Junior (10-12 years old) and Teen (13-18 years old) is 1:6, with Enhanced Child Supervision (levels of 1:1 or 1:2) as appropriate due to acuity needs (children who have special needs or whose behavior may place them at risk of harming themselves or others). This was observed first hand in one of the cottages during the present inspection with a youth who was autistic and required greater supervision to ensure his safety. Generally, the level of enhanced staffing for youth over six years of age on the overnight shift is lower than during the day, when the children are awake.

PCC also relies on temporary agency staff to supplement regular staff when needed. The Volunteer Program is active and augments and enhances staff services. There were 71 regular volunteers and 560 group volunteers who contributed 4,116 hours during FY 08-09. They provided tutoring, child care support, recreational support, teacher assistance, and other activities that would not have been available if not for the Volunteer Program. It is important to note that PCC's FY 08-09 budget staff level was intended to serve an average daily population of 58 and the 09-10 level if for a daily population of 60.

Training: All staff receive regular in-service training, including safety training, CPR/First Aid, Pro-ACT, Polinsky Active Teaching Approach (PATA), food service, and water safety, averaging around 40 hours per year. Caregivers for children under six receive additional in-service training of at least 48 hours per year.

The PATA 40-hour workshop is required basic training for all direct-care and administrative staff. The workshop is designed to include lectures, demonstrations, role-plays and other interactive activities to facilitate the use of behavioral and cognitive interventions. The components include: 1) treatment skills for youth, 2) a social learning approach for staff; training staff to teach social, academic, independent-living and self-control skills; 3) exercises in teaching interactions (emphasizing "catching kids being good," use of praise and reinforce positive behavior); 4) training staff to teach appropriate replacement behavior when problem behavior occurs and to help youth regain self-control in crisis; 5) use of a structured Motivation System, including how to combine the teaching interactions with the motivation system to provide a positive, systematic, and consistent treatment environment.

The PATA Supervision Workshop is a 24-hour training for Residential Care Supervisors (RCS) and Protective Services Supervisors (PSS) that is designed to ensure they implement PATA effectively and accurately. RCSs and PSSs are trained to conduct observations on the unit, formulate and provide conceptual feedback to staff, conduct a point card analysis, and document all these activities for future reference.

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Policy and Procedure Manual: PCC Administration Manager Tuan Pham reported that there are policy and procedure manuals located in Intake, in the administration suite, and in each free-standing cottage/unit. The manual is also located on the Shared drive for all staff to view and hard copies are distributed to all staff. Updates to the manual are made on an ongoing basis and occur as needed to reflect policy and procedure changes.

Computers are available in the cottages for use by staff to do training, check email and write reports. Notes on youth assigned to the cottages are not tracked by computer, but are maintained on paper in case files.

Facility Capacity and Crowding

PCC Administration Manager Tuan Pham led the inspection team's tour of the facility. Despite the very recent inspection (four months prior), PCC provided an all-day inspection that included the administration area, intake, 23-hour intake facility, cottages (including infant and new mother cottage), outdoor and indoor recreational areas, and cafeteria. The facility was in excellent condition and well-maintained. None of the cottages/units were overcrowded, and the facility as a whole was well within its capacity. PCC makes a concerted effort to utilize early assessments that will decrease the time a child is held at Polinsky when other viable options are available.

The licensed capacity for the facility is 204, and in FY 08-09, the average daily population was 80 children, ranging from 47-114.

PCC is meant to be a short-term placement away from home, and had an average length of stay in FY 08-09 of 12 days (prior lengths of stay: 12 days in FY 07-08, 13 days in FY 06-07 and 19 days in FY 05-06). However, as needed, some children spend considerably more time in the facility due to a lack of foster homes or other suitable placements.

Classification and Segregation

Classification: 'Classification' is a term more commonly used in facilities housing delinquent youth. Not all youth under the care of PCC are dependents, so the term does not translate directly to facilities such as PCC.

Youth are, however, assigned to the cottage/unit in which they are housed depending on their age and gender. Pregnant girls without other children are placed in the age-appropriate cottage, usually the Teen Girls cottage. Teen mothers live with their baby in specially designed rooms in the Serenity Cottage (infant cottage), permitting the most contact and a naturalistic setting. In general, children of both genders under the age of two are assigned to Serenity Cottage, and children ages two to five, both male and female, reside in the Toddler Cottage. Each child that arrives at PCC is individually assessed and is placed in the most appropriate environment to the extent possible.

Orientation: All youth who enter PCC complete an intake program that includes assessments and the gathering of background information. PCC is part of a larger process of being able to log into a central database so information on youth in the system can be shared in a real-time manner. PCC also has a 23-hour Assessment Center which provides a comfortable place for those children who are assessed at intake as having an alternative placement option. This is an alternative to admission to PCC. Youth at PCC receive an orientation upon intake as well as written rules and expectations (including reward systems). Staff members provide a daily rules and all rules are posted in each cottage, in easy-to-read and understand language.

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Segregation: No child at PCC is ever placed in "solitary confinement." On rare occasions, there may be a child residing at PCC with extreme special needs, such as medical or behavioral issues, that necessitate the assignment of that child to their own cottage, but they are never confined to the cottage. Youth participate in campus activities as appropriate to their abilities and needs.

Assessment and Plan: The assessment and services provided to each youth depend on the individual child's needs. Social workers, counselors, teachers, and psychologists provide casework services, crisis intervention, diagnostic evaluation, psychosocial histories, developmental work-ups and educational assessments for children requiring emergency shelter care. Input is provided to the dependency social worker and Juvenile Court to assist them in making an appropriate disposition in the child's case. PCC direct-care staff utilize PATA, the cognitive behavioral model developed by Boys Town and described above, to assist youth with targeted social skills. Youth are provided a variety of programs to help build their life skills.

Counseling and Casework Services: Mental health services, in various forms, are available seven days a week from morning to early evening. Initial mental health evaluations are conducted routinely for youth six and older within one business day of their intake, and counseling services are typically provided through one of two programs (see below), with a special emphasis on evening activities, groups and services as that is the time of most difficulty for youth (less structured time of day, no school at that time etc.).

PCC has two mental health programs funded, in part, by Medi-Cal, entirely separate with separate staff. The Polinsky Day Rehabilitation Program is administered by CWS and provides a variety of groups to help in life-skill development, including Substance Abuse Prevention groups, Independent Living Skills training, and Violence Prevention Education groups. Juvenile Forensic Services (JFS) is administered by Children's Mental Health and ensures that children with serious psychiatric and psychological disturbances are identified and provided with appropriate care while at PCC.

Services are defined by Medi-Cal standards. All-day treatment programs have defined service components, and are assumed to be stand-alone services. However, if a child needs services concurrently with day treatment that are not provided by the day program, the child may be treated at another program as well. The program providing services outside of the day program, referred to as ancillary services, must request them through the day program, and have them authorized administratively, which is done in San Diego by United Behavioral Health.

Since psychotherapy is not a defined service of day rehab, it is not routinely provided. If a child is deemed to be in need of psychotherapy, the service is provided by JFS, after a JFS request and authorization. This also permits JFS to bill for other services, including treatment team, co-ordination with social worker, etc. JFS also provides psychotropic medication management and crisis intervention, neither one of which requires separate authorization from day rehab.

With the two programs providing different services, collaboration is done mainly through weekly treatment teams, as well as informal contacts between the two programs.

Sexual Harassment classes are also provided as part of day rehabilitation.

The Developmental Screening and Enhancement Program (DSEP) services provided by Rady Children's Hospital – San Diego at PCC are funded by Promises2Kids (formerly Child Abuse Prevention Foundation). The DSEP clinic generally operates from 8:30 AM to 4 PM, Monday through Friday.

Mental health assessments are done on four- to five-year-old children to assess response to their admission and to identify any areas of concern, as well as appropriateness for the day rehab program.

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Children may not be entered into the day rehab program without an assessment, as required by Medi-Cal standards. In addition, all children under age six receive a screening through the DSEP program.

The 'Youth-to-Youth Advocate Program' is a peer program providing emotional support and life skills training to current foster youth by former foster youth, aged 18 or older.

Use of Force / Physical Restraint / Safety Room Procedures / Searches: Force is never used on a child at PCC and liability precludes any extensive or invasive searches. On rare occasions, restraint may be used as a last resort, when de-escalation of a situation through verbal skills and other techniques has failed and the safety of the child, other children and/or staff is in question. PATA is the teaching method used, and this incorporates loss of privileges in its principles. PATA is used, along with Professional Assault Crisis Training principles (described below).

Grievances: Grievance procedures are posted in the cottages and dining area. Complaints may be posted through the complaint boxes located in the cottages or reported to any number of staff, social workers or the CWS Ombudsman Office (see also 'Legal Services'). During the interviews with two youth, it seemed that they basically understood the procedures or at least where to go to locate the information.

Since 7/1/09, there have been 20 complaints: 15 against staff, 1 against another resident and 4 "other" complaints.

Reporting of Incidents

Incidents are reported by phone to appropriate parties, followed by the appropriate written report.

Within PCC there is sometimes a need to discipline staff. There are child related incidents and non child related incidents. Child related incidents are reported to the Child Abuse Hotline and investigated independently by a Child Welfare investigator. In addition, information is cross reported to the appropriate law enforcement agency, Community Care Licensing and the CWS Institutions and Evaluation Unit (IEU). The level of discipline in both incidents is determined by the County of San Diego Administrative Manual, Discipline Guideline.

Programs and Activities

School Program: Operated on site by the San Diego City Schools, PCC has a year-round school for grades K-12 and an on-grounds library for residents. Youth are enrolled in the PCC School the day after they enter PCC, unless they are going to continue attending their school of origin. SDUSD staff are responsible for obtaining the school and immunization records. Five full-time and one half-time teachers are assigned to the PCC School.; the half-time teacher is for PCC Pre-school. Promises2Kids provides funding for a pre-school teacher, supplied by San Diego Unified School District (SDUSD), who provides a part-time pre-school program.

Class size varies, depending on population, and can be up to 15 in each classroom. The classrooms were bright, filled with students' works, and resembled other classrooms in schools outside of PCC. The rooms themselves were set off in their own courtyard, were well maintained, and created a non-institutional, positive atmosphere. There also is a library with ample books clearly designated by color and section for different age groups. Supplies and instructional materials are provided by SDUSD and meet Williams Sufficiency. PCC also receives donations from the community. The school is able to gather data on a child's prior school, initiate an Individual Educational Plan (IEP), providing physical education, science, and

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computer instruction, establish Student Study Team (SST) for struggling students, and provide other support personnel as needed. The curriculum and instruction follow the standards mandated by the State of California, and students are awarded earned credit/hours on a daily basis.

SDUSD has only been responsible for the educational services since July 2006; however, since that time, they have established new goals and objectives to enhance the educational experience of the youth. These include improving communication about the student between educational staff and Residential Case Workers (e.g., team meetings, behavior referral forms, 'nursing grams'), establishment of a pre-school, development of school dress codes and disciplinary policy, and many other enrichment activities.

A minor may not attend school on a specific school day due to illness, court appointments, or behavior issues. No minors are ever confined, and attend school, recreation, and exercise.

In FY 08-09, a total of 506 youth attended the PCC School. This figure includes children attending the pre-school program. There are no minors on independent study. Homework is assigned two days per week for 20 minutes per day to all students.

Parenting Classes: Parenting classes are provided as part of day rehabilitation. Classes are offered to teen mothers residing at the facility. Other teens may receive parenting information/classes as part of the Independent Living Skills Program in which each teen is eligible to participate, and this component is managed by the youth's Social Worker.

Recreation and Exercise: Recreation time occurs on a daily basis and includes age-appropriate activities that are intended to promote and complement each child's educational, physical and social development. Programs include organized sports, playground time, swimming, exercise classes, arts and crafts, weights, dances, video games, sports, talent shows, age-appropriate games, field trips, and other activities. After-school activities are planned from 3 PM until bedtime and all day during the weekends.

As noted above, there are several areas designated for recreational activity. The recreational program is part of the support services as outlined in the program manual. The program provides daily recreational activity that compliments the cottage-specific activities (e.g. field trips to Balboa Park, fishing trips). In addition, there is an After School Activities program that allows children to participate in activities on the weekends and afterschool. There is also a Recreation Coordinator who focuses on planning and creating on- and off-campus events.

Religious Program: Religious services are voluntary and held on site every Sunday for all youth. Youth under 12 years old can attend on-site and off-site religious services with prior parental consent.

Work Program: Some resident teens have jobs and continue to work, with their social worker's approval.

Visiting: Parents/guardians of youth at PCC are allowed to have either supervised or unsupervised visits with their children. The individual social worker determines who may visit, and restrictions, if any, may apply. The visitation areas (both an indoor and outdoor patio) were recently renovated. While conducting this inspection, there was visitation happening with a child and several members of the family were able to sit comfortably in the visitation room. The rooms had comfortable furniture and toys.

Correspondence: Postage is provided by PCC, and incoming and outgoing mail is never read by PCC staff. All incoming and outgoing mail to PCC residents is routed through the youth's social worker. The social worker screens incoming and outgoing mail of youth in their caseload due to court-ordered contact restrictions.

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There are centralized phones in staff offices and in cottage common areas which are available for use by resident youth upon request and in accordance with court-ordered contact restrictions, as specified by the assigned social worker. All youth have the right to make a phone call at intake, and are made aware of that right.

Access to Legal Services: Dependent children have a court-appointed attorney and they may contact their attorney. All residents have access to phone numbers of Licensing and the CWS Ombudsman Office via the posters displayed in the cottages. They may speak directly to the cottage supervisor, the cottage social worker, a mental health provider, the assigned social worker, PCC chiefs and even the PCC Director, as well as using the complaint box.

Discipline

The Polinsky Active Teaching Approach (PATA) is a psycho-educational treatment model developed by Boys Town and is a nationally recognized model of care that is used in inpatient and outpatient child and adolescent psychiatric hospitals, residential treatment centers, day-treatment programs and other facilities that care for youth with psychiatric and related behavioral disorders. PATA is therapeutically oriented, allowing staff to act as potent treatment agents. PATA combines social skill instruction with intervention strategies to support staff and the youth served.

PATA is designed as a structured framework to help staff: 1) teach youth to manage their behavior, 2) reinforce appropriate behavior, 3) correct inappropriate behavior, and 4) cope with crises calmly and consistently. Youth are in turn taught to: 1) monitor their thoughts, feelings and behaviors; 2) control their impulses, 3) delay gratification and 4) empathize and build relationships.

Professional Assault Crisis Training (Pro-ACT) is a crisis intervention module used as a back-up to the primary behavior modification plan (PATA). Employees who have developed a systematic approach to intervention during incidents of potential assault are less likely to injure or be injured than those who have not. PCC trains on minimizing risk to staff and clients through strict observance and enforcement of policies, close supervision and regular in-service training.

PCC staff make sure they have a clear understanding of how assaultive behavior can be replaced by safe behavior. This understanding is reflected in pro-active intervention plans: acting in a "planned way" rather than "reacting." PCC staff go over the internal focus on matters such as motivation, attitude choice, and mood control as a direct care staff. PCC also developed external practices to promote safety such as attire, mobility, precaution, observation and self-control.

In Pro-ACT, staff learn about Identifying Triggers & Alternatives from a variety of perspectives to reduce the risks presented by client's behavior. Different perspectives include youth stressors; developmental level, communication styles, environmental stressors and basic needs. Pro-ACT teaches identification of different levels of risks and how to respond appropriately to each situation to again reduce the risk of injury and/or re-traumatization. PCC also helps staff learn to match their verbal interactions with physical movement to promote safety after crisis communication appears ineffective.

Health Services: General Discussion

Health Services Program at PCC ensures that all children receive a thorough medical assessment at intake and that their health needs are taken care of while at PCC. Health services are provided 24/7 on-site (unless additional services are needed) through a contract with Rady Children's Hospital and the University of California San Diego. PCC has a complete medical facility on-site to handle sick calls, as well as the

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initial screening and examination. Sexual abuse victims are referred to Rady Children's Hospital for evaluation. Nursing coverage is 24 hours a day, seven days a week.

Bedding and Linens

Secure cribs, toddler beds, and double beds are available in the Serenity nursery cottage. Appropriate twin beds are in the other cottages, which were not located on the floor. Adequate bedding and blankets were observed in the sleeping quarters.

Food Service

The dining hall was included in the tour and the Chef was on hand, prepping for the next meal. PCC takes great pride in the menu and providing nutritional, balanced meals. Direct Care staff are provided meals during their shifts and may have snacks in the cottage with the youth. Other non-direct care staff often purchase a meal plan and eat the meals as well. The kitchen, storage and refrigeration areas were seen but not extensively inspected. The dining hall was clean and neat. Meals are served cafeteria style in the dining hall or can be delivered to the cottages. In addition, snacks are provided in the cottages. During the inspection, the younger children were receiving their meal and snacks in their cottage. Staff are present and supervising during meals, youth may talk while eating their meals and the weekly menu was posted. Fresh fruit and a salad bar are always available. It appears that the goal is to create healthy and tasty meals that differ considerably from typical institutional food. Youth are generally permitted to have 30-60 minutes for meals or as long as a youth needs. There are three meals and three snacks a day. If a youth misses mealtime, food is set aside for that youth or a meal may be specially prepared.

Clothing and Personal Hygiene:

Children seen during the inspection were clean, well groomed and dressed appropriately. Clothing was in good condition and appropriate for the weather conditions. Children may use their own clothing, either brought with them or provided by a family member. Children who arrive without clothing are provided a minimum of four outfits purchased from a variety of local stores. Older children and children with special clothing needs may be taken shopping for appropriate clothing and shoes. Clothing is also purchased to replace worn-out or out-grown clothing. The clothing needs of all children are provided for with in-season, in-style, locally purchased clothing.

Babies receive baths twice daily. Toddlers receive a bath or shower before bedtime daily. Youth aged 6 to 18 years old shower in the morning before school and before bedtime daily. Youth with special needs shower as needed throughout the day. Privacy is maintained by gender separation and under close supervision of cottage staff. Showers and baths are scheduled for each youth separately, one at a time, in their own cottage as there is no communal shower or bath. Staff stands outside of the bathroom supervising each youth showering alone as the bathroom can only be occupied by one youth at a time. There were no assaults by other youth in the shower/bathroom.

Transition Plan

Transition plans are developed by the assigned social worker. The cottage social worker may assist the assigned social worker with plan development and implementation. Many activities at PCC may be part of the transition plan, such as Independent Living Skills classes and Day Rehabilitation activities.

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